

04-09-13;04:51PM;

# 7 / 14

PRINTED: 04/08/2013  
FORM APPROVED

## Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HL23960073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  03/14/2013
NAME OF PROVIDER OR SUPPLIER  VINES HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 3130 SW 27TH AVE OCALA, FL 34476		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
H 000	INITIAL COMMENTS  An unannounced Licensure survey along with compliance surveys for CCR #2013002599, CCR#2013001888, CCR#2013002173, and CCR#2013001473 was conducted on March 12, 2013 to March 15, 2013. Deficiencies were identified as a result of the survey. The Vines Hospital was not in compliance with Florida Statutes 395, Part I and Florida Administrative Code 59 A-3 at the time of the survey.	H 000			
H 020	59A-3.254(1)(c)-(d) FAC PATIENT RIGHTS & CARE - Reassessment  (c) The hospital shall have policies and procedures to ensure that periodic reassessments of the patient are conducted based on changes in either the patient's condition, diagnosis, or response to treatment; (d) The hospital shall ensure that care and treatment decisions are based on the patient's identified needs and treatment priorities;  This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to reassess and treat a patient based on a change in their condition, a bump on the head, for 1 of 25 sampled patients (#1).  The findings include:  A review of facility grievances revealed a grievance dated 1/28/13 made by patient #1. The grievance stated a staff member slammed the door on her forehead. Review of facility provided documentation on the grievance revealed the patient did have a "bump" on her forehead. No evidence could be found in the clinical record that the patient was assessed by any medical person	H 020	Patient Rights and Care - Reassessment  The medical record for one patient lacked documentation of a medical assessment of a bump on the forehead that was reported as a Grievance.  This complaint of a bump on the forehead was also identified in an Incident Report. The Incident Report should have prompted documentation of medical consultation and follow-up or plans for immediate patient safety.  The failure to document a medical consultation or other follow-up by the Charge Nurse was addressed by Jeanne Barker, Chief Nursing Officer. The Charge Nurse was re-trained on the requirements of Policy and Procedure RSK 007, "Healthcare Peer Review Occurrence Reporting System" (Incident Reporting) by the CNO, Jeanne Barker, on April 17.	4/17/13	

Form 3020-0001

TITLE CEO

(X6) DATE 4/19/13

REGULATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6400

915X11

If continuation sheet 1 of 8

04-09-13;04:51PM;

# 7/ 14

PRINTED: 04/08/2013  
FORM APPROVED

SB

## Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HL23960073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  03/14/2013
NAME OF PROVIDER OR SUPPLIER  VINES HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 3130 SW 27TH AVE OCALA, FL 34474		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 000	INITIAL COMMENTS  An unannounced Licensure survey along with compliance surveys for CCR #2013002599, CCR#2013001888, CCR#2013002173, and CCR#2013001473 was conducted on March 12, 2013 to March 15, 2013. Deficiencies were identified as a result of the survey. The Vines Hospital was not in compliance with Florida Statutes 395, Part I and Florida Administrative Code 59 A-3 at the time of the survey.	H 000		
H 020	59A-3.254(1)(c)-(d) FAC PATIENT RIGHTS & CARE - Reassessment  (c) The hospital shall have policies and procedures to ensure that periodic reassessments of the patient are conducted based on changes in either the patient's condition, diagnosis, or response to treatment; (d) The hospital shall ensure that care and treatment decisions are based on the patient's identified needs and treatment priorities;  This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to reassess and treat a patient based on a change in their condition, a bump on the head, for 1 of 25 sampled patients (#1).  The findings include:  A review of facility grievances revealed a grievance dated 1/28/13 made by patient #1. The grievance stated a staff member slammed the door on her forehead. Review of facility provided documentation on the grievance revealed the patient did have a "bump" on her forehead. No evidence could be found in the clinical record that the patient was assessed by any medical person	H 020	Continued from previous page  A copy of Policy and Procedure RSK007, "Healthcare Peer Review Occurrence Reporting System" (Incident Reporting), has been attached.  All nurses will be re-trained on the need to document the assessment and follow-up of all reported injuries or complaints according to the facility's Policy and Procedure RSK 007, "Healthcare Peer Review Occurrence Reporting System" (Incident Reporting) in Nursing Staff Meetings on April 25, 2013.  Members of the Nursing Department, under the direction of Jeanne Barker, CMO, will audit the medical records of 100% of patients reporting injuries to ensure that assessment and follow-up is documented according to facility policy.	4/25/13

A Form 3020-0001

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

4-08

915X11

If continuation sheet 1 of 8

04-09-13;04:51PM;

# 9/ 14

PRINTED: 04/09/2013  
FORM APPROVED

## Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HL23960073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  03/14/2013
NAME OF PROVIDER OR SUPPLIER  VINES HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 3130 SW 27TH AVE OCALA, FL 34474		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
H 020	Continued From page 1  for the bump on her forehead. An interview with the Risk Manager on 3/13/13 at 10:11 am revealed the facility had no evidence the patient was medically assessed for her bump on the head.	H 020	Continued from page 1  The audit will continue until a measure of success is achieved: 90% of medical records contain appropriate documentation of assessment and follow-up for 90 days.	7/31/13	
H 246	59A-3.279(1) FAC, 395.301(1) FS ITEMIZED PATIENT BILL -Initial Form & Content  59A-3.279(1) FAC (1) Within seven days following discharge or release from a licensed hospital not operated by the state, or within seven days after the earliest date at which the loss or expense from the service may be determined, the licensed hospital providing the service shall, upon request, submit to the patient, or to his survivor or legal guardian as may be appropriate, an itemized statement detailing in language comprehensible to an ordinary layman the specific nature of charges or expenses incurred by the patient, which in the initial billing shall contain a statement of specific services received and expenses incurred for such items of service, enumerating in detail the constituent components of the services received within each department of the licensed facility and including unit-price data on rates charged by the licensed facility.  395.301 FS Itemized patient bill; form and content prescribed by the agency. (1) A licensed facility not operated by the state shall notify each patient during admission and at discharge of his or her right to receive an itemized bill upon request. Within 7 days following the patient's discharge or release from a licensed facility not operated by the state, the licensed facility providing the service shall, upon request, submit to the patient, or to the patient's survivor	H 246	Itemized Patient Bill  The facility complies with HO 246 by providing an itemized bill within seven days upon receiving a request of the patient, survivor, or legal guardian.  The notice of this Patient Right is included in the Consent for Treatment that is signed by patients upon admission to The Vines Hospital. A copy of the Consent for Treatment is <b>attached</b> . The notice is contained in # 16.  Notice of this Patient Right is also included in the document, "Rights of Persons in Mental Health Facilities and Programs" which is presented to each patient and which is posted in each patient living area.  The facility adopted a new policy, Policy and Procedure #2080, "Itemized Patient Bill" which was approved by the Board of Governors on April 17, 2013. A copy of this policy is <b>attached</b> .	4/18/13  4/18/13  4/17/13	

04-09-13:04:51PM:

# 9/ 14

PRINTED: 04/08/2013  
FORM APPROVED

## Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HL23960073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  03/14/2013
NAME OF PROVIDER OR SUPPLIER  VINES HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 3130 SW 27TH AVE OCALA, FL 34474		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
H 246	Continued From page 2  or legal guardian as may be appropriate, an itemized statement detailing in language comprehensible to an ordinary layperson the specific nature of charges or expenses incurred by the patient, which in the initial billing shall contain a statement of specific services received and expenses incurred for such items of service, enumerating in detail the constituent components of the services received within each department of the licensed facility and including unit price data on rates charged by the licensed facility, as prescribed by the agency.  This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility failed to provide itemized billing for 3 of 3 sampled patients (#1, #26, #27).  The findings include:  A review of a facility provided itemized bill for client #1 revealed no evidence the bill was itemized, only a total was indicated.  A review of a facility provided itemized bill for client #1 revealed no evidence the bill was itemized, only a total was indicated.  The request for an itemized bill for patient #27 could not be filled as it had not been completed and no information was given.  An interview with the Business Office Director on 3/14/13 at 9:10 am revealed the facility does not provide itemized billing.	H 246	Continued from page 2  The facility bills, and is paid, according to all-inclusive, per diem contracts with payers. The only unit of service is the per diem charge. Samples of itemized bills are attached.		
HB061	65E-6.180(6), FAC Pt Rights - Complaints  (6) Each facility shall develop a written policy and	HB061	FAC Patient Rights - Complaints Continued on next page		

04-09-13;04:51PM;

# 10/ 14

PRINTED: 04/08/2013  
FORM APPROVED

## Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HL23980073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  03/14/2013
NAME OF PROVIDER OR SUPPLIER  VINES HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 3130 SW 27TH AVE OCALA, FL 34474		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
HB061	Continued From page 3  procedure for receiving, investigating, tracking, managing and responding to formal and informal complaints by a person receiving services or by an individual acting on his or her behalf. (a) The complaint process shall be verbally explained during the orientation process and provided in writing in language and terminology that the person receiving services can understand. It will explain how individuals may address complaints informally through the facility staff and treatment team, and formally through the staff person assigned to handle formal complaints, as well as the administrator or designee of the facility. The person receiving services shall also be advised that he or she may contact the Local Advocacy Council, the Florida Abuse Registry, the Advocacy Center for Persons with Disabilities, or any other individual or agency at anytime during the complaint process to request assistance. The complaint process, including telephone numbers for the above named entities, shall be posted in plain view in common areas and next to telephones used by individuals receiving services. Any complaint may be verbal or written. Any staff person receiving an informal or formal complaint dealing with life-safety issues will take immediate action to resolve the matter. (b) Informal complaints are initial complaints that are usually made verbally by a person receiving services or by an individual acting on his or her behalf. If resolution cannot be mutually agreed upon, a formal written complaint may be initiated. (c) When the person receiving services, or a person acting upon that person's behalf, makes a formal complaint a staff person not named in the complaint shall assist the person in initiating the complaint. The complaint shall include the date and time of the complaint and detail the issue and the remedy sought. All formal complaints shall be	HB061	FAC Patient Rights - Complaints Continued on next page	

04-09-13;04:51PM;

# 11/ 14

PRINTED: 04/08/2013  
FORM APPROVED

## Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HL23960073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  03/14/2013
NAME OF PROVIDER OR SUPPLIER  VINES HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 3130 SW 27TH AVE OCALA, FL 34474		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
HB061	Continued From page 4  forwarded to the staff person, or designee, who is assigned to track and monitor formal complaints. All formal complaints shall be tracked and monitored for compliance and shall contain the following information: 1. The date and time the formal complaint was originally received by staff; 2. The date and time the formal complaint was received by the staff assigned to track formal complaints; 3. The nature of the complaint; 4. The name of the person receiving services; 5. The name of the person making the complaint; 6. The name of the individual assigned to investigate the complaint; 7. The date the individual making the complaint was notified of the individual assigned to investigate the complaint; 8. The due date for the written response; and 9. At closure, the written disposition of the formal complaint. (d) The investigation shall be completed within 7 days from the date of entry into the system for tracking complaints. (e) A written response must be given or mailed to the person receiving services within 24 hours of disposition. The individual acting on behalf of the person receiving services shall be notified of the completion of the investigation but will not be given specific details of the disposition unless they have a legal right to the information or a signed release of information is in place. (f) The disposition of a complaint may be appealed to the administrator of the facility. If appealed, the facility administrator or designee shall review the written complaint and the initial disposition. Within five working days, the facility administrator or designee will make a final decision concerning the outcome of the complaint and will provide a written response within 24	HB061	FAC Patient Rights – Complaints Continued on next page		

04-09-13; 04:51PM;

# 12/ 14

PRINTED: 04/08/2013  
FORM APPROVED

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HL23960073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  03/14/2013
NAME OF PROVIDER OR SUPPLIER  VINES HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 3130 SW 27TH AVE OCALA, FL 34474		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
HB061	Continued From page 5  hours to the person receiving services. A copy of the written response shall also be given to the staff member assigned to track complaints.  This Statute or Rule is not met as evidenced by: Based on record review and staff interview, the facility's governing body failed to ensure grievances were reviewed and resolved for 5 of 8 grievances.  The findings include:  A review of the facility's Policy on "Administration of Complaint/Grievance Process", effective March of 2011, revealed "the grievance/complaint process shall be the responsibility of the Risk Manager assuring that someone with problem solving authority is part of the process." The policy further states "The risk manager or designee shall maintain all consumer complaint and grievances, both formal and informal. Summaries of such will be reported to the Quality council, Medical executive Committee and the Board of Trustees quarterly." The Policy continues with "The Risk Manager shall provide assistance to individuals who are unable to submit a written complaint/grievance. This will include assistance in preparing a written complaint/grievance and communicating back to the resident."  A review of facility grievances since January 2013; revealed a grievance dated 2/1/13 regarding staff turning on a red light in a patient's room, at night, and the patient being disturbed by the red light as he was a combat veteran and the light caused him to have flashbacks all night and was not able to sleep. Further review of the	HB061	Continued from page 5  The patient affected by the Grievances dated 2/1/13 could not be reached by phone by the newly-reappointed Patient Advocate. A written response has been mailed to this person.  The follow-up to the Grievance is reported on the appropriate form. A copy of the Grievance Response letter is attached.  Two patients affected by the Grievances of 2/5/13 (one patient composed two Grievances) could not be contacted by phone by the newly-reappointed Patient Advocate. A written response has been mailed to these persons.  The follow-up to each Grievance is now documented on the appropriate form.  Copies of the Grievance Response letters are attached.  The Grievance of 2/4/2013 was not signed by the patient, and we are unable to determine the author of this Grievance	4/18/13  4/18/13  4/18/13	

04-09-13.04:51PM;

# 13/ 14

PRINTED: 04/08/2013  
FORM APPROVED

## Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HL23960073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  03/14/2013
NAME OF PROVIDER OR SUPPLIER  VINES HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 3130 SW 27TH AVE OCALA, FL 34474		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
HB081	Continued From page 6  grievance revealed the grievance form was blank on the back where the Department Manager Section is located and gives information as to when the grievance was resolved, was the person reporting the problem satisfied, if it needs to go to the hearing review panel and signatures.  A review of a grievance dated 2/4/13 revealed someone complained of not receiving a snack when requested. It is unknown who made the grievance as the space for the "signature of Person Reporting Problem" was left blank. Further review of the grievance revealed the back of the form was blank where the Department Manager Section is located and gives information as to when the grievance was resolved, was the person reporting the problem satisfied, if it needs to go to the hearing review panel and signatures.  A review of a grievance dated 2/5/13 revealed a patient complained of missing person items. Further review of the grievance revealed the back of the form was blank where the Department Manager Section is located and gives information as to when the grievance was resolved, was the person reporting the problem satisfied, if it needs to go to the hearing review panel and signatures.  A review of a grievance dated 2/5/13 revealed a patient complained of the amount of time given to smoke. Further review of the grievance revealed the back of the form was blank where the Department Manager Section is located and gives information as to when the grievance was resolved, was the person reporting the problem satisfied, if it needs to go to the hearing review panel and signatures.  A review of a grievance dated 2/5/13 revealed a patient complained of the limited time he had to	HB081	Continued from page 6  No other patients were affected by the facility's failure to ensure that the Grievance Policy was observed effectively.  The failure to ensure that Grievances were managed according to policy was related to the appointment of an acting Risk Manager in December of 2012. The facility failed to ensure that this person received copies of all Grievances and that he was trained effectively to perform facility Policy and Procedure, "Administration of Complaint/Grievance Process".  The facility adopted a new Policy and Procedure PTR-2085, "Patient/Resident and Family Grievances" to identify the Patient Advocate as the person responsible for responding to Grievances and Complaints. A copy of the new Policy and Procedure is attached.  The facility appointed a single Patient Advocate for the Hospital on April 17, 2013; Patient Advocate responsibilities had been shared between two persons at the time of the licensing visit. The letter of Appointment is attached.	4/17/13  4/17/13	



04-09-13;04:51PM;

# 14/ 14

PRINTED: 04/08/2013  
FORM APPROVED

## Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HL23960073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  03/14/2013
NAME OF PROVIDER OR SUPPLIER  VINES HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 3130 SW 27TH AVE OCALA, FL 34474		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
HB061	Continued From page 7  eat his meals. Further review of the grievance revealed the back of the form was blank where the Department Manager Section is located and gives information as to when the grievance was resolved, was the person reporting the problem satisfied, if it needs to go to the hearing review panel and signatures.  An Interview with the Interim Risk Manager on 3/12/13 at 3:10 PM, revealed he had not reviewed grievances.  An interview with the facility Administrator on 3/13/13 at 1:45 PM revealed that the facility had not followed their policy for grievances.	HB061	FAC Patient Rights – Complaints Continued from page 7  The Patient Advocate was trained on the responsibilities of the Patient Advocate by Gayle Leonard, RN, LHRM, CPHQ, Director - Legal and Regulatory Compliance at Central Florida Behavioral Hospital (a sister facility) on April 16, 2013. The training material and competency measure is attached.  All staff will be re-trained on the Grievance and Compliant Reporting process during staff training events on April 24 and 25. The training materials (PowerPoint) and the competency measure are attached.  The Patient Advocate will prepare a report of Grievances and the disposition of Grievances for presentation to the Performance Improvement Committee each month. Trends in the nature or location of grievances will be addressed through Performance Improvement corrective action plans. The monthly report of grievances will be reviewed at each regular meeting of the Medical Executive Committee and at each quarterly meeting of the Board of Trustees.	4/16/13          4/25/13       4/19/13	